

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/550864
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2							52						
3							53						
4							54						
5							55						
6							56						
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23							73						
24							74						
25	C	C					75						
26							76						
27							77						
28							78						
29	C	C					79						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL CIP	1	↓			↓				↓		↓		↓
TOTAL DEP	27	↔			↔				↔		↔		↔
TOTAL CLAIMS	28												